

At a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Rosevelt

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1580

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Hona Rose Cunningham

3. Sex of Child Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

5. Legitimate: ☒

6. Date

of birth April 17, 1929

Month day year

5. No., in order of birth _____

8. FATHER

Full name Oscar Cunningham

9. Residence

(Usual place of abode)

If nonresident, give place and state

Lat. Blain
Payson, Arizona

10. Color or race

White

11. Age at last birthday 40 (Years)

12. Birthplace (city or place)

(State or country)

Westminster
Maryland

13. Occupation

Nature of industry

Laborer

14. MOTHER

Full maiden name

Maisy Brown

15. Residence

(Usual place of abode)

If nonresident, give place and state

Payson, Arizona

16. Color or race

White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

Rosevelt
Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein

certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against oph-

thalmia neonatorum? ☒

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2 A m. on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Chas. Hunter

(Physician or midwife)

Address Globe

Given name added from

a supplemental report

Month, day, year.

Filed _____, 19____

Local Registrar

Filed _____, 19____

County Registrar

Registrar.

434-417-425